

Medical Board of California

BOARD OF PODIATRIC MEDICINE

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REQUEST FOR CERTIFICATION OF LICENSURE

To obtain a written certification of licensure, you must complete this form and return it to the mailing address above along with a \$30 check or money order made payable to: <u>Board of Podiatric Medicine</u>. Please include any "request for certification" form that may have been provided to you by the state into which you are applying for licensure (if applicable).

Licensee Information

Name:	Last:	First:	Middle:
License #:			
Address:	Street:		
11441	City:	State:	Zip:
Mailing Information			
Please provide the name and address to which the completed certification should be mailed.			
Name:			
Address:	Street:		
	City:	State:	Zip:
This form must be mailed to the board at the address listed above along with a \$30 processing fee. I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA TO THE TRUTH AND ACCURACY OF THE ABOVE INFORMATION.			
	SIGNATURE	Print Name	DATE